

State of Louisiana

Parish of _____
(parish where you are signing this form)

DECLARATION ALLEGING CITIZENSHIP

I am applying for Medicaid benefits from the State of Louisiana.

I am a citizen of the United States.

Check ONLY One Block Below:

☐ I was born in _____ in the United States.
(city and state)

☐ I was not born in the United States. I was born in _____
and my parent(s) are U.S. citizens. (city and country)

☐ I am a naturalized citizen of the United States.

I do not have nor can I get within a reasonable period, any of the following:

- U.S. Passport
- U.S. birth certificate
- Certification of Report of Birth
- Consular Report of Birth Abroad
- Certification of Birth Abroad
- U.S. Citizen Identification Card
- Final adoption decree
- Evidence of federal civil service employment prior to June 1976
- Official military record of service
- U.S. hospital or insurance record of birth
- State or Federal census record
- Institutional admission papers more than 5 years old that show the date and place of my birth
- Clinic, doctor or hospital records more than 5 years old that show the date and place of my birth
- American Indian Card
- Northern Mariana Card or
- Any other accepted documentation

because _____
_____.

I declare under penalty of perjury that this information is true and correct.

Signed on ____/____/____.
(month) (day) (year)

Signature

Printed Name